PTO/SB/21 (09-04) JAN 23 2006 Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ct of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB-control number Application Number **EXPENSE** 10/603.129 Filing Date TRANSMITTAL June 24, 2003 First Named Inventor **FORM** David J. Schuessler Art Unit 1772 **Examiner Name** Michael C. Miggins (to be used for all correspondence after initial filing) Attorney Docket Number 33915-03420 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) includes: Reply to Missing Parts/ Fee Transmittal Form with Fee Attached Incomplete Application Response H- Response to November 3, 2005 Office Action Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Milbank, Tweed, Hadley & McCloy LLP

Date	January 20, 2006	Reg. No.	41,902	
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Effective on 12/08/2004.				Complete if Known			
British of the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/6		0/603,129	
FEE TRANSMITTAL				Filing Date		June 24, 2003	
For FY 2005				First Named Inventor Da		David J. Schuessler	
Applicant claims small entity status. See 37 CFR 1,27				Examiner Name Michael C. Miggins		ins	
				Art Unit 1772			
TOTAL AMOUNT OF PAYN	ENT (\$)	50.00	<u>_</u>	Attorney Docket	l No.	33915-03420	
METHOD OF PAYMENT	(check all t	hat apply)					
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FEE CALCULATION	JII P I O-2036.	**					
1. BASIC FILING, SEAR	CH AND E	YAMINATION E	EEG				
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Utility	300	150	500	250	200		
Design	200	100	100	50	130		
Plant	200	100	300	150	160		
Reissue	300	150	500	250	60	300	
Provisional	200	100	0	0		0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) Multiple Dependent Claims 21 - 20 or HP = 1							
- 100 = 4. OTHER FEE(S)		/ 50 =		(round up to a v			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):							
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SUBMITTED BY									
Signature	Juli te	Registration No. (Attorney/Agent) 41,902	Telephone 212-530-5363						
Name (Print/Type)	James R. Klaiber		Date January 20, 2006						

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